



4C's of Alameda County

Serving Children, Families and Child Care Providers since 1972

Health and Safety Training for Child Care Providers

Infant & Child CPR and First Aid Training

This class is designed especially for child care providers!
First time, renewals, center staff and family child care welcomed

- 2 year certification
- EMSA stickers
- Training on current Community Care Licensing standards and forms
- Coaching on emergency scenarios specific to a child care setting
- Opportunity to network with other child care providers

Preventive Health Practices

One time training for child care providers

- Required to obtain family child care license
- Child care centers and child care homes must have one staff member on-site at all times with completion in preventive health practices
- One time certification required only

Scroll down for registration information and class listings



4C's Child Care Health and Safety Training

4C's is now offering Infant/Child CPR and First Aid Training and Preventive Health Practices in our Hayward Office. These classes are designed especially for child care providers. Please note:

- **PREREGISTRATION AND PREPAYMENT ARE REQUIRED.** Download and complete the registration form. Make check or money order payable to 4C's of Alameda County. Space is limited so register early.
- Mail registration form and payment to 4C's of Alameda County, Attention Health & Safety, 22351 City Center Drive, Hayward, CA 94541. If you want to pay in cash you can bring the registration form and exact amount to 4C's during business hours. A confirmation will be sent by email.
- If you miss a class due to an emergency you can reschedule one time, provided you notify 4C's either before the class or within two working days after the class. Call 510-584-3105.
- There are no refunds for classes. If you don't come and you don't reschedule, your payment is forfeited. Substitutions may be allowed with prior arrangement.
- For health and safety reasons, children are not allowed to accompany parents to the class. **Special arrangements can be made for nursing mothers – please call 510-584-3105 to inquire before registering.**
- Please arrive 15 minutes prior to the class start time to allow for registration. **NO LATE ARRIVALS WILL BE ADMITTED.** The start time is strictly enforced.
- Wear comfortable clothes to the CPR/First Aid classes. You will be practicing on the floor. Instructors will model adaptations for those who are not able to get down on the floor.
- No food will be provided during classes. Bring a sack lunch and your own snacks and drinks.
- 4C's strives to provide a fragrance-free training environment. Please refrain from wearing scented products; persons with environmental sensitivities may be in attendance.
- As funds allow, and with proper documentation, you **MAY** be eligible for reimbursement. Contact your local child care resource and referral agency for details.

Attention Attendee: **KEEP FOR YOUR RECORDS**

4C's Child Health and Safety Training Registration Form

Name (please print) _____

Address _____ City _____ Zip _____

Phone _____ Email _____
(required for confirmation)

I work in a: ___ Center ___ Family Child Care Home ___ Other

Please mark the classes you want to attend. Registrations must be received by the Wednesday before the Saturday class. If after, please call 510-584-3105 for availability.

All classes take place at the 4C's Office, 22351 City Center Drive, Hayward 94541

CLASS	DATE	TIME	LANGUAGE	PRICE
CPR/First Aid	Saturday, January 14, 2012	9:00am-5:00pm	English	\$90
Preventive Health Practices	Saturday, February 25, 2012	9:00am-4:00pm	English	\$50
CPR/First Aid	Saturday, March 10, 2012	9:00am-5:00pm	English	\$90
CPR/First Aid	Saturday, April 21, 2012	9:00am-5:00pm	English	\$90
Preventive Health Practices	Saturday, April 28, 2012	9:00am-4:00pm	English	\$50
CPR/First Aid	Saturday, June 2, 2012	9:00am-5:00pm	English	\$90

Note: A \$20 Discount offered if enrolled in both CPR/First Aid class and the Preventive Health Practices class- Total \$120.00

For office use only:	
Payment: Cash \$ _____	Check \$ _____ # _____ M.O. \$ _____ # _____
Date: _____	Staff Initials _____ Confirmation emailed on _____

Attention Attendee: CUT OFF AND KEEP FOR YOUR RECORDS



I registered for the _____ class to be held on _____.

I mailed my payment on _____. I paid \$_____.